

MAINT. RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
1. County of <u>Gila</u>				BUREAU OF VITAL STATISTICS		State Index No. <u>108</u>	
District of _____				ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>378</u>	
Town of <u>Globe</u>						Local Registrar No. _____	
or							
City of _____							
2. Full name of child <u>Augusta Johnson Jr.</u>				(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
				(If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. Legitimate?	6. Date of birth	7. Month	8. Day	9. Year
			<u>yes</u>	<u>9-4-1923</u>			
8. FATHER				14. MOTHER			
Full name <u>Augusta Johnson</u>				Full maiden name <u>Jessie Triggs</u>			
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>				15. Residence (Usual place of abode) <u>Globe, Ariz.</u>			
If nonresident, give place and state				If nonresident, give place and state			
10. Color or race <u>white</u>		11. Age at last birthday <u>19</u> (Years)		16. Color or race <u>white</u>		17. Age at last birthday <u>19</u> (Years)	
12. Birthplace (city or place) <u>Winstanborough</u>		18. Birthplace (city or place) <u>Winstanborough</u>		19. Occupation <u>miner</u>		20. Occupation <u>Housewife</u>	
(State or country) <u>Texas</u>		(State or country) <u>Texas</u>		Nature of industry		Nature of industry	
20. Number of children of this mother				21. Were precautions taken against ophthalmia neonatorum?			
(Taken as of time of birth of child herein certified and including this child.)				<u>yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*							
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2:30</u> m. on the date above stated.							
(Born alive or stillborn.)							
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.				Signature <u>T.C. Harper, M.D.</u>			
				(Physician or midwife)			
				Address <u>Globe, Ariz.</u>			
Given name added from a supplemental report				Filed <u>Sep 10, 1923</u> <u>B.G. J. O.</u>			
Month, day, year.				Filed <u>Oct 6, 1923</u> <u>B.G. J. O.</u>			
Registrar.				County Registrar.			

115-904-172